## Exhibit B

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Pg 2 of 5					
United States Bankruptcy Court/Southern District of New York Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076	PROOF OF CLAIM				
In Re: Lehman Brothers Holdings Inc., et al. Debtors.  Chapter 11 Case No. 08-13555 (JMP)	UNIQUE IDENTIFICATION NUMBER: 4000003624				
Name of Debtor Against Which Claim is Held Lehman Brothers Special Financing Inc.  Case No. of Debtor 08-13888 (JMP)					
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Additionaly, this form should not be used to make a claim for Lehman Programs Securities (See definition on reverse side.)	THIS SPACE I	S FOR COURT USE ONLY			
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)	Check this box to indicate that this claim amends a previously filed claim.				
Traxis Fund LP c/o Seward & Kissel LLP One Battery Park Plaza New York, New York 10017 Attn: Arlene R. Alves, Esq.	Court Claim Number: 33284 (If known) Filed on: 9/18/09	,			
Telephone number: (212) 574-1200 Email Address: alves@sewkis.com					
Name and address where payment should be sent (if different from above) Traxis Fund LP c/o Traxis Partners LP 600 Fifth Avenue, 26th Floor, New York, New York 10020	Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.				
Attn: Christopher F. Crawford Telephone number: (212) 332-5158 Email Address:	Check this box if you are the debtor or trustee in this case.				
1. Amount of Claim as of Date Case Filed: \$676,637.80  If all or part of your claim is secured, complete Item 4 below; however, if all of your claitem 4.  If all or part of your claim is entitled to priority, complete Item 5.  If all or part of your claim is entitled to priority, complete Item 5.  If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. \$503(  Check this box if all or part of your claim is based on a Derivative Contract.*  Check this box if all or part of your claim is based on a Guarantee.*  *IF YOUR CLAIM IS BASED ON AMOUNTS OWED PURSUANT TO EITHER OR A GUARANTEE OF A DEBTOR, YOU MUST ALSO LOG ON TO http://www.FOLLOW THE DIRECTIONS TO COMPLETE THE APPLICABLE QUESTION SUPPORTING DOCUMENTATION OR YOUR CLAIM WILL BE DISALLOWE Check this box if claim includes interest or other charges in addition to the principal itemized statement of interest or additional charges. Attach itemized statement of interest http://www.lehman-claims.com if claim is a based on a Derivative Contract or Guarantee (See instruction #2 on reverse side.)  3. Last four digits of any number by which creditor identifies debtor:  3a. Debtor may have scheduled account as:  (See instruction #3a on reverse side.)  4. Secured Claim (See instruction #4 on reverse side.)  Check the appropriate box if your claim is secured by a lien on property or a right of information.  Nature of property or right of setoff:   Real Estate   Motor Vehicle  Describe:	5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.  Specify the priority of the claim:  Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).  Wages, salaries or commissions (up to \$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).  Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).  Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).  Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).  Other - Specify applicable paragraph of 11 U.S.C. § 507(a)().				
Value of Property: \$ Annual Interest Rate Amount of arrearage and other charges as of time case filed included in secured cla	Amount entitled to priority:				
\$Basis for perfection:  Amount of Secured Claim: \$ Amount Unsecured: \$	1. S. D				
6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. (See instruction #6 on reverse side.)	0 3 En				
7. Credits: The amount of all payments or this claim.  8. Documents: Attach redacted copies of orders, invoices, itemized statements of runn Attach redacted copies of documents providi on reverse side.) If the documents are volum DO NOT SEND ORIGINAL DOCUMEN' SCANNING.  If the documents are not available, please exp  Date:  Signature: The person filing this claim must sign it. Sign and print name a person authorized to file this claim and state address and telephone number if above. Attach copy of power of attorney, if any.	FOR COURT USE ONLY  Only				
1/3/00/0 Traxis FundTP	eneral farther  perisonment for up to 5 years, or bo	th. 18 U.S.C. §§ 152 and 3571.			

CHRISTOPHER F. CRAWFORD VICE PRESIDENT

TRAXIS FUND GP LLC

08-13555-mg Doc 32163-2 Filed 11/16/12 Entered 11/16/12 18:23:39 Exhibit B Pa 3 of 5 United States Bankruptcy Court/Southern District of New York PROOF OF CLAIM Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076 In Re: Chapter 11 Lehman Brothers Holdings Inc., et al. Case No. 08-13555 (JMP) UNIQUE IDENTIFICATION NUMBER: 4000003624 Debtors. Name of Debtor Against Which Claim is Held Lehman Brothers Holdings Inc. 08-13555 (JMP) NOTE: This form should not be used to make a claim for an administrative expense arising <u>after</u> the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Additionally, this form should not be used to make THIS SPACE IS FOR COURT USE ONLY a claim for Lehman Programs Securities (See definition on reverse side.) Name and address of Creditor: (and name and address where notices should be sent if Check this box to indicate that this claim amends a previously filed different from Creditor) claim Traxis Fund LP c/o Seward & Kissel LLP Court Claim One Battery Park Plaza Number: 33304 New York, New York 10017 Attn: Arlene R. Alves, Esa. (If known) Filed on: 9/18/2009 Telephone number: (212) 574-1200 Email Address: alves@sewkis.com Name and address where payment should be sent (if different from above) Check this box if you are aware that anyone else has filed a proof of c/o Traxis Partners LP claim relating to your claim. Attach copy of statement giving particulars. 600 Fifth Avenue, 26th Floor, New York, New York 10020 Attn: Christopher F. Crawford Check this box if you are the Telephone number: (212) 332-5158 debtor or trustee in this case. Email Address: Amount of Claim Entitled to Priority Amount of Claim as of Date Case Filed: \$676,637.80 under 11 U.S.C. §507(a). If any portion of If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete your claim falls in one of the following item 4. categories, check the box and state the If all or part of your claim is entitled to priority, complete Item 5.

If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9), complete Item 6. amount. Check this box if all or part of your claim is based on a Derivative Contract.\* Specify the priority of the claim: Check this box if all or part of your claim is based on a Guarantee.\* \*IF YOUR CLAIM IS BASED ON AMOUNTS OWED PURSUANT TO EITHER A DERIVATIVE CONTRACT Domestic support obligations under 11 OR A GUARANTEE OF A DEBTOR, YOU MUST ALSO LOG ON TO http://www.lehman-claims.com AND FOLLOW THE DIRECTIONS TO COMPLETE THE APPLICABLE QUESTIONNAIRE AND UPLOAD <u>U.S.C.</u> § 507(a)(1)(A) or (a)(1)(B). Wages, salaries or commissions (up to SUPPORTING DOCUMENTATION OR YOUR CLAIM WILL BE DISALLOWED. \$10,950), earned within 180 days before filing Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges. Attach itemized statement of interest or charges to this form or on of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 http://www.lehman-claims.com if claim is a based on a Derivative Contract or Guarantee. U.S.C. § 507(a)(4). Contributions to an employee benefit plan -Basis for Claim: Guarantee 11 U.S.C. § 507(a)(5). (See instruction #2 on reverse side.) ☐ Up to \$2,425 of deposits toward purchase, Last four digits of any number by which creditor identifies debtor: lease, or rental of property or services for 3a. Debtor may have scheduled account as: personal, family, or household use - 11 U.S.C. (See instruction #3a on reverse side.) § 507(a)(7). Secured Claim (See instruction #4 on reverse side.) ☐ Taxes or penalties owed to governmental Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested units - 11 U.S.C. § 507(a)(8). Other - Specify applicable paragraph of 11 Nature of property or right of setoff: 

Real Estate ☐ Motor Vehicle ☐ Other U.S.C. § 507(a)(\_\_ Describe: Amount entitled to priority: Value of Property: \$ Annual Interest Rate Amount of arrearage and other charges as of time case filed included in secured claim, if any: Basis for perfection: Amount of Secured Claim: \$ Ü Amount Unsecured: \$ 6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9): \$\_ (See instruction #6 on reverse side.) Filed: USBC - Southern District of New York Credits: The amount of all payments on this FOR COURT USE ONLY of claim. Lehman Brothers Holdings Inc., Et Al. 8. Documents: Attach redacted copies of any urchase 08-13555 (JMP) orders, invoices, itemized statements of running : nents. 0000066511 Attach redacted copies of documents providing e 'redacted' on reverse side.) If the documents are voluminor DO NOT SEND ORIGINAL DOCUMENTS. FTER SCANNING. If the documents are not available, please explai. Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

General Partner Вν

**VICE PRESIDENT** 

0 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

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	Pg 4	of 5	
United States Bankruptcy Court/Sol Lehman Brothers Holdings Claims Proce c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076	uthern District of New York		OF OF CLAIM
In Re: Lehman Brothers Holdings Inc., et al. Debtors.	Chapter 11 Case No. 08-13555 (JMP)	UNIQUE IDENTIFICATION NUMBER: 4000003623	
Name of Debtor Against Which Claim is Held Lehman Brothers Special Financing Inc.	Case No. of Debtor 08-13888 (JMP)		
after the commencement of the case. A requ	te a claim for an administrative expense arising test for payment of an administrative expense additionally, this form should not be used to make e definition on reverse side.)	THIS SPACE I	S FOR COURT USE ONLY
different from Creditor)	and address where notices should be sent if	Check this box to indicate that this claim amends a previously filed claim.	
Traxis Emerging Market Opportunities Fun c/o Seward & Kissel LLP One Battery Park Plaza New York, New York 10017 Attn: Arlene R. Alves, Esq.	d LP	Court Claim Number: 33286 (If known)	
Telephone number: (212) 574-1200	Email Address; alves@sewkis.com	Filed on: 9/18/09	
Name and address where payment should Traxis Emerging Market Opportunities Fur c/o Traxis Partners LP 600 Fifth Avenue, 26th Floor, New York, N Attn: Christopher F. Crawford	be sent (if different from above) d LP Y 10020		
Attr: Christopher F. Crawford Telephone number: (212) 332-5158			5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.  Specify the priority of the claim:  Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).  Wages, salaries or commissions (up to \$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).  Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).  Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).  Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).  Other - Specify applicable paragraph of 11 U.S.C. § 507(a)().  Amount entitled to priority:
7. Credits: The amount of all payments 8. Documents: Attach redacted copies of orders, invoices, itemized statements of rur. Attach redacted copies of documents provious on reverse side.) If the documents are voluid DO NOT SEND ORIGINAL DOCUME!  SCANNING.  Filed: USBC - Southern District of New York Lehman Brothers Holdings Inc., Et Al. O8-13555 (JMP) 0000066510  DO NOT SEND ORIGINAL DOCUME!  SCANNING.  Filed: USBC - Southern District of New York Lehman Brothers Holdings Inc., Et Al. O000066510  ORIGINAL DOCUME!  OB-13555 (JMP) 0000066510  OB-13555 (JMP) 0000066510  OB-13555 (JMP) 0000066510		FOR COURT USE ONLY	
If the documents are not available, please	n filing this claim must sign it. Sign and print name an	dilla ifan of the P	-5 F
person authorized to file above. Attach copy of p	this claim and state address and telephone number if over of attorney, if any.  Aarket Opportunities Fund LP	different from the notice address	), cons
Penalty for presenting	Its, Grandway chairm Fina of up to \$500,000 or im	prisonment for up to 5 years, or bot	th. 18 U.S.C. §§ 152 and 3571.

VICE PRESIDENT Traxis Emerging Markets Opportunities GP LLC

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United States Bankruptcy Court/Southern District of New York Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		PROOF OF CLAIM			
In Re: Lehman Brothers I	Debtors.	Chapter 11 Case No. 08-13555 (JMP)	UNIQUE IDENTIFICATION NUMBER: 4000003623		
Name of Debtor Against Lehman Brothers H	loldings Inc.	Case No. of Debtor 08-13555 (JMP)			
after the commencer may be filed pursuar	rould not be used to make a c nent of the case. A request f at to 11 U.S.C. § 503. Additi Programs Securities (See def	laim for an administrative expense arising or payment of an administrative expense onaly, this form should not be used to make inition or progress that	THIS SPACE I	IS FOR COURT USE ONLY	
	of Creditor: (and name and	address where notices should be sent if	Check this box to indicate that this claim amends a previously filed		
Traxis Emerging Mac/o Seward & Kisse One Battery Park P New York, New Yor Attn: Arlene R. Alve	laza k 10017		Court Claim Number: 33285 (If known) Filed on: 9/18/2009		
Telephone number:	· (212) 574-1200 E	mail Address; alves@sewkis.com	1 100 011.		
Name and address of Traxis Emerging Mac Contraxis Fund LP 600 Fifth Avenue, 2 Attn: Christopher F	where payment should be s arket Opportunities Fund LP 26th Floor, New York, New Y F. Crawford	ent (if different from above)	Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.		
Telephone number:	(212) 332-5158 E	mail Address:	debtor or trustee in this case.		
1. Amount of Claim as of Date Case Filed: \$31,030.98  If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4.  If all or part of your claim is entitled to priority, complete Item 5.  If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. \$503(b)(9), complete Item 6.  Check this box if all or part of your claim is based on a Derivative Contract.*  Check this box if all or part of your claim is based on a Guarantee.*  *IF YOUR CLAIM IS BASED ON AMOUNTS OWED PURSUANT TO EITHER A DERIVATIVE CONTRACT OR A GUARANTEE OF A DEBTOR, YOU MUST ALSO LOG ON TO <a href="http://www.lehman-claims.com">http://www.lehman-claims.com</a> AND FOLLOW THE DIRECTIONS TO COMPLETE THE APPLICABLE QUESTIONNAIRE AND UPLOAD SUPPORTING DOCUMENTATION OR YOUR CLAIM WILL BE DISALLOWED.  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges. Attach itemized statement of interest or charges to this form or on http://www.lehman-claims.com if claim is a based on a Derivative Contract or Guarantee.			5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.  Specify the priority of the claim:  Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).  Wages, salaries or commissions (up to \$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).		
2. Basis for Claim: Guarantee				Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	
(See instruction #2 on reverse side.)  3. Last four digits of any number by which creditor identifies debtor:  3a. Debtor may have scheduled account as:  (See instruction #3a on reverse side.)			Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).		
<ul> <li>Secured Claim (See instruction #4 on reverse side.)         Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.     </li> <li>Nature of property or right of setoff: Real Estate  Motor Vehicle  Other</li> </ul>			Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).  Other – Specify applicable paragraph of 11 U.S.C. § 507(a)().		
Describe: Annual Interest Rate%  Value of Property: \$ Annual Interest Rate%  Amount of arrearage and other charges as of time case filed included in secured claim, if any:  \$ Basis for perfection:			Amount entitled to priority:		
		Amount Unsecured: \$	· · · · · · · · · · · · · · · · · · ·	2 .0	
6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9): \$			U.S. BA 2019 /		
7. Credits: The at 8. Documents: A orders, invoices, iter Attach redacted cop on reverse side.) If t DO NOT SEND OI SCANNING.	mount of all payment ttach redacted copies mized statements of n ies of documents pro- he documents are vol RIGINAL DOCUMI	Filed: USBC - Southern District of New York Lehman Brothers Holdings Inc., Et Al. 08-13555 (JMP) 0000066	YED AFTER	FOR COURTY SE ONLY  -b D 2: U.S	
4/5/2010	above. Attach copy of power  Traxis Emergina Mark	claim and state address and telephone number if o	different from the notice address	·	
	**************************************	FAW F 1000 or imp	prisonment for up to 5 years, or bot	th. 18 U.S.C. §§ 152 and 3571.	

VICE PRESIDENT Traxis Emerging Markets Opportunities GP LLC